

Mull & Iona, Coll & Tiree and Colonsay Home Care Service/Housing Support Service Housing Support Service

Care at Home Services Social Work Office Mull and Iona Hospital Craignure, Isle of Mull Argyll and Bute PA65 6BG

Telephone: 01546 605 517

Type of inspection:

Unannounced

Completed on:

26 June 2024

Service provided by:

Argyll and Bute Council

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About the service

The Mull & Iona, Coll & Tiree and Colonsay Home Care Service/Care at Home Service is a combined housing support and care at home service. It is run by Argyll and Bute Council and is provided to people in their own homes on these five islands.

Managers and home care organisers work from offices based throughout the local authority area.

There is also a team of home carers who work in Bowman Court a progressive care centre, where people are tenants of a housing association. The tenants have access to prepared and served lunch and dinner in the communal dining room. Bowman Court is adjacent to the hospital at Craignure, Isle of Mull. The home support workers have a shift pattern rota providing 24 hour cover, seven days per week, for Bowman Court.

At the time of the inspection, the service was providing support to 54 people.

About the inspection

This was an unannounced inspection which took place on 14, 17, 18, 19, 20, 21, 22 and 23 June 2024 between 09:00 and 18:00. Feedback was completed on 26 June 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 16 people using the service and six of their family
- spoke with 11 staff and management
- · observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- · People spoke highly of staff and valued their support.
- Staff were motivated to provide the best support for people.
- Quality assurance systems should be better used to drive improvement within the service.
- Training and supervision opportunities for staff needed to be better monitored and recorded.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

It is important that people experience care and support that is respectful and supports them to get the most out of life. Staff carry out specific tasks, mainly around personal care. This was important to people but it was clear that the presence of staff also offered them comfort and indeed fun, "I love the crack with the staff." The emotional impact of what staff offer to people should never be underestimated. Kind, friendly interactions contributed highly to people's sense of wellbeing. We saw such interactions and people overwhelmingly spoke of it being a key feature of staff support.

Choice is important in life. We could see it being offered to people from what clothes were to be worn to what food was to be eaten. Staff were mindful that whilst some people were not able to make big choices in their lives, their ability to make day-to-day choices was still important for them. This showed respectfulness to people and a good understanding of their individual situations.

One person's first experience of the service was a tuck-in visit after a hospital stay. Initially, they scoffed at the idea but told us that it was one of the most welcomed and comforting supports they could have been offered. Others told us that without staff coming to support them, their lives would be more difficult and indeed they may not be able to stay at home which was where they wanted to be. We were reassured that people were able to live the life they wanted with staff supporting them to do so.

Staff and management worked hard to ensure their medication support systems were up-to-date and well recorded. In some cases, people needed a legal consent form to allow staff to support them with medication, it was encouraging to find this was in place. This ensured that people's legal rights were protected.

When people became unwell or staff recognised that they needed extra support, staff reported this and asked for other agencies to follow up. This ensured that people's needs for health or social supports were referred to the correct specialist services to further assess. Staff reported that sometimes there was a delay with other services following up. It is important that such delays are monitored by management and followed up with the respective agencies. People should benefit from timely assessments to prevent their health deteriorating.

Meal provision was in place for some people at Bowman Court, this was highly praised in terms of the quality and choices available. Others at home told us that staff were mindful of their choices when offering food. Staff encouraged people to have a good fluid intake and also to eat something light even when their appetite was dwindling, as it can when we age or are feeling poorly. This reassured us that staff were mindful of people's health and the importance of food and fluid to keep well.

Home care organisers and staff were working hard to ensure the right paperwork was in people's homes. This included the personal outcomes plan which should detail how a person wished to be supported, their likes, dislikes and what should be done to keep them and others safe. Information such as knowing how to complain must also be available. Although not all new plans were in people's homes, we were reassured by the work that had taken place. People told us that they had been visited to review their plan. Management had made considerable progress to produce up-to-date and personalised care plans and were well placed to complete this piece of work.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service covers a vast area supporting people in five island communities as well as Oban and the surrounding areas. The service was affected by nationwide social care recruitment issues. It is further compounded by the significant difficulty of finding affordable, stable housing. As such, this service now relies heavily on agency workers, especially in Oban and some of the islands.

People were generally understanding of the staffing issues. Staffing was not always as consistent as it could be with a stable, permanent staff team. Despite this, it was good to hear that people found staff to be caring and compassionate in their support. This contributed positively to people's wellbeing.

Home care organisers (HCOs) organised rotas and we recognised the substantial time that was needed to complete this. This impacted on their other roles of supporting staff and care planning. The service had started to look at a new electronic care scheduling system and we hope that this will ease some pressures going forward to allow senior staff to fully concentrate on other aspects of their role.

Staff worked hard to ensure people were visited when they were meant to be and that they got the support they needed. In one area, we learnt that staff communicated with each other to coordinate their holidays and such like to minimise impact on the rota. This personal commitment from staff to do best by the people they support was commendable.

It was evident that whilst informal support from senior staff, and with peers, worked well, there was a need to improve the formal support around supervision and training. Management had already identified this within their own improvement plan. People should be assured that they are supported by staff who are proficient in their roles and are being looked after as employees. Gaps in training and supervision could result in staff competence and confidence being reduced which could impact on people's quality of care. It is important that the provider continues to address and improve training and support opportunities available to staff (see areas for improvements 1 and 2).

Situations such as staff illness or road closures can turn a whole rota upside down. As such, the service had contingency planning in place. This sometimes included calling a local family member and asking them to step in. We asked management to consider how contingency planning is agreed with people and to make certain that all people and families involved are clear on why it is in place and how/when it will operate. This should offer clarity to all involved as to what should happen in such circumstances.

Inspection report

Areas for improvement

1. To support staff learning and development the provider should ensure staff have access to training appropriate to their role. Training should be tracked to ensure evidence of completion and to ensure staff undertake refresher training at appropriate intervals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

2. To support staff development and ensure good quality care for people, the provider should ensure staff have access to regular supervision and appropriate competency checks. These should be completed in line with organisational policies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should review the existing quality assurance systems and processes. This should include, but not be limited to:

- Ensuring that managers maintain a schedule for all regular checks and audits.
- Ensuring that audit tools are relevant and that their content is regularly reviewed to reflect the current strengths and weaknesses of the service and to drive ongoing development of practice.
- Ensuring that important and relevant quality data is transparently shared with service users, relatives and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 20 September 2019.

Action taken since then

We saw that although systems were in place, they weren't always used as effectively as they could have been. This meant that areas for improvement could be missed in terms of identifying them or to ensure follow-up.

Although a complaints process was in place, it understandably sits within the local authority processes. However, we felt there was room for clearer recording at a local level to ensure local follow-up and any learning from such events. We passed on our concerns regarding the follow-up of a previous complaint to management for further support.

The service had strategic and more local development/improvement plans in place which offered some good information on the way forward. This was positive to see. However, they lacked clarity as to how people using the service were involved and how plans were being communicated with them. Feedback from people was sought but it didn't always appear to feed through into future planning. It is important that the experiences of those using the service are used to drive improvement.

Monitoring of staff training was not as robust as it could have been. Staff were offered and participated in training but it is important that the provider has oversight on this to avoid potential gaps in this area of work. People should be supported by staff who are up-to-date with good practice and following current quidance - training provides a vital role in this.

Some positive work took place such as staff team meetings but systems were not well used to record this. We were aware that the service was due to employ administrative staff which would help alleviate the administrative burden that is left to the senior team.

Overall, we could see that management were looking at quality improvement within the service but they needed to consolidate the work to ensure it was across all parts of the service and all locations.

This area for improvement has not been met and we will look at it during future inspection activity.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY

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